

## Health and Wellbeing Board

29 January 2020

### Mental Health Strategic Partnership Board update



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## Report of Mike Brierley, Director of Commissioning, Strategy and Delivery – Mental Health and Learning Disabilities, Clinical Commissioning Groups

### Electoral division(s) affected:

None

### Purpose of the report

- 1 The Mental Health Strategic Partnership Board (MHSPB) developed a one-page Strategic Plan for 2019/20 which was subsequently consulted upon across a range of community groups. This report outlines a number of key outcomes and deliverables against the plan by the five workstreams.

### Executive summary

- 2 The challenges to the residents of County Durham in relation to mental health remain significant.
- 3 The Mental Health Strategic Partnership Board (MHSPB) plan details how partners and stakeholders continue to work together to identify and address the issues for our residents.
- 4 The five workstreams that sit under the MHSPB will continue to work together to deliver against the priorities agreed within the strategy, and, will look to sustain what we know works and focus on.
- 5 There has been huge progress and delivery of a number of key initiatives which are detailed in the report and it is recognised there are still challenges in respect to the Mental Health and Wellbeing of our residents.

## **Recommendations**

6 Members of the Health and Wellbeing Board are recommended to:

- (a) Note the progress made.
- (b) Agree to receive a further update relating to ambitions and priorities beyond 2020, linked to the developing new Joint Health & Wellbeing Strategy.

## **Background**

- 7 The Mental Health Strategic Plan was developed from the emerging priorities of its five workstreams, dementia strategy implementation, children and young people, suicide prevention, Resilient Communities, and the Crisis Care Concordat.
- 8 The Plan set out a range of priorities being taken forward by each workstream along with details of key interventions and outcome indicators. It also included five cross-cutting themes: Think Family, Evidence and Intelligence, Workforce, Governance, and Communication and Engagement.
- 9 The Strategic Plan was presented to the Health and Wellbeing Board in November last year, following which two consultations have been undertaken on its content. The first pertaining to the all age Strategic Plan which ended in March 2018, the second pertaining to the work relating to children and young people which ended in September 2018.

## **Key Workstream Deliverables**

### **Dementia**

- 10 The Dementia Advisor Service in County Durham, which is commissioned by the Council, employs 5 dementia advisors and 2 dementia support workers. The service has been in place since February 2016 and has received over 3,000 referrals to the service, mostly coming from social work teams.
- 11 County Durham and Darlington Fire and Rescue Service continue to be a key partner of the service and regularly make referrals through their Safe and Wellbeing Visits.
- 12 One of the Dementia Advisors has obtained clearance to be allowed access to HMP Frankland to hold regular drop-ins on site, referrals have been made into the service for people living in prison. The Dementia Advisor is also training prisoners to be Dementia Friends Champions.
- 13 Referrals with GP surgeries remain low and a proposal integrating the Dementia Advisor Service with primary care is being considered. In the meantime the Dementia Advisor Service have identified a potential pilot working with a GP surgery in East Durham and possibly Durham Dales whereby all patients living with dementia registered at the practice will receive an offer of the Dementia Advisor Service.

- 14 As well as providing advice and support to people with memory problems and their carers, the Dementia Advisor Service offers help in the support of dementia friends training and dementia friendly communities and there are currently over 25,000 dementia friends in County Durham and 25 dementia friendly communities. An evaluation report for the Durham Advisor Service has been completed.
- 15 A questionnaire was sent to all organisations and professional on the service's contact list and a separate questionnaire was sent to service users. The overall response to the service was very positive.
- 16 There is a lot of working going on within communities throughout County Durham. Examples are, dementia café's, singing for the brain, games for the brain etc. Beamish Museum have Orchard Cottage, which do gardening and reminiscing days for people with dementia. East Durham Creates – have been given funding for a 30 week project - Dementia Art Group, for people with early onset dementia.
- 17 There has been another project which is based on Making Improvements for Carers, and there has been a workshop around this. At present those that have memory problems or a diagnosis of dementia are coded with a 'read code' by GP's this is being looked at as a way of keeping in contact by 'a read code' being used to issue a reminder letter together with the leaflet. This is issued automatically on a possible 3 – 6 month basis.

## **Children and Young People**

- 18 There has been a lot of progress made on a number of key priority actions within the Local Transformation Plan (LTP):
- 19 The LTP is now co-chaired with a parent with experience Wendy Minhinnet and we are exploring establishing a CYP and parents advisory group to sit alongside the LTP
- 20 A detailed multi-agency action plan, which identifies activity taken forward to deliver against the LTP Plan on a Page, has been drafted and is being finalised at the next meeting of the LTP in August 2019. Once agreed by the LTP group this will be submitted to the ISGC for endorsement.
- 21 A performance product has been developed, which will sit alongside the action plan, this will detail key priority areas and demonstrate performance in terms of both quantitative and qualitative information. Again, this will be finalised by the LTP group at the meeting in August.

- 22 The LTP has undertaken a co-production approach to consider what a digital offer would look like for CYP across County Durham. The work with CYP developed a business case which went to the mental health and learning disabilities partnership commissioning group. We have been informed that we have been successful in securing recurrent NHS funding to commission Kooth – an online counselling programme for low to moderate mental health issues. This is now available to all 11 – 18 year olds across County Durham and began rollout in autumn 2019.
- 23 The wave two trailblazer bid for County Durham has been successful with just under £1 million investment secured for County Durham. This has been a strong multi-disciplinary area of work which will benefit up to 60 education establishments working with 5 – 18 year olds. The additional posts that make up the offer to schools are currently being recruited and trained.
- 24 The LTP has established a sub group to review the work being undertaken on self-harm prevention and management. This sub group has joint oversight with the suicide prevention alliance too. The first meeting is in September as up until now pre meets with individual partners have been taking place
- 25 Workforce remains an area where we are not making enough headway quick enough. PH are now working with CYP services training lead to establish a training programme for DCC children’s early help and social care teams. The workforce within education settings is being led by the educational psychology team. Work is underway with DCC’s Learning and Development Service to ensure that frontline staff are supporting to manage and maintain their own emotional wellbeing and mental health as well as developing the training offer which will enhance their confidence and self-esteem to support vulnerable children, young people and their families.
- 26 A workforce development programme has been implemented that aims to improve the emotional wellbeing of young people who are looked after or who have experienced care by improving access to and the quality of relationship, sexual health education that they have access to. Upskilling this area of the workforce ensures that staff supporting the most vulnerable young people in County Durham are equipped to help young people make more informed choices. The offer is open to all foster carers, residential staff and staff within the Young People’s Service. Work is ongoing to improve the offer to staff within the Families First and One Point Service.

- 27 Following the pathway review in April 2019, further development work under key priority areas has taken place
- 28 Work has been undertaken to ensure that the emotional wellbeing and mental health offer is co-ordinated in a format which is simple to understand and accessible. An interactive PDF is under development which maps current provision in line with the Thrive model and provides information on resources/services and how they can be accessed. Once completed, this will be shared with partners and work is ongoing with Durham County Council (DCC) Communications and Marketing Team to ensure that the document is housed in an accessible location.
- 29 It was agreed that services in County Durham should change the way professionals talk about children in care. The TACT Report, Language that Cares, published in March 2019 has been circulated to all partners and work is ongoing to ensure that this is reflected in frontline practice as well as strategic documents and policies.
- 30 Acting on direct feedback from young people who are members of the Children in Care Council, Harrogate and District NHS Foundation Trust (HDFT) Growing Healthy Service have committed to ensuring that the same practitioner will carry out each Review Health Assessment regardless of where the child or young person may live. In addition, the Strengths and Difficulties process has been updated and new guidance documentation produced. This has been launched with relevant staff and improvements in the quality and effectiveness of this tool should be visible in the near future.

## **Suicide prevention**

- 31 The County Durham Suicide Prevention Alliance oversees the work of a multi-faceted approach to suicide prevention. Meeting quarterly the Suicide Prevention Alliance delivers outcomes against the Suicide Prevention Action Plan that works across the life course to address the needs of children, young people, adults' families and the wider community.
- 32 The Suicide Prevention Coordinator role has been pivotal to achieving a number of key actions identified in the Suicide Prevention Action Plan. The actions are based on recommendations made by Public Health England and include:
  - (a) Reduce the risk of suicide in key high-risk groups
  - (b) Tailor approaches to improve mental health in specific groups
  - (c) Reduce access to the means of suicide

- (d) Improve responses and provide better information and support to those bereaved or affected by suicide
  - (e) Support the media in delivering sensitive approaches to suicide and suicidal behaviour
  - (f) Support research, data collection and monitoring
- 33 The current Suicide Prevention Action Plan (2018-21) has 20 actions completed and archived and 11 ongoing actions. The Plan is due to be refreshed with several areas for action added in March 2020. This will require continued oversight until its completion and beyond in order to hit national reduction target requirements by 2021
- 34 Progress of the Alliance is reported to Public Health Senior Management Team, Adults and Health Management Team and on a quarterly to the Mental Health Strategic Partnership Board.
- Key Outcomes from Suicide Prevention Alliance Action Plan Delivery.**
- 35 The Suicide Prevention Coordinator role provides capacity within the Public Health team to deliver, with other partners on the key actions of the Suicide Prevention Alliance Action Plan.
- 36 The activity overseen by the Suicide Prevention Coordinator since July 2018 has included a number of key areas of work.
- 37 The role has contributed to an extensive review of the current Durham Early Alert System (December 2018 – April 2019). This review conducted with partners, now provides quality assurance for the County Durham’s system for data collection and the timely referral for post-vention support for those affected by potential suicide. This reflects the evidence of best practice; local infrastructure requirements; data surveillance, information governance responsibilities, workforce development and communications.
- 38 Additional work undertaken on the Real Time Data Surveillance (RTDS) system has included a development of a Standard Operating Procedure (SOP). There has also been a redesign of the signposting letter and support literature. The postvention pathways have been refreshed, new training is being developed for partners, and new models for exploring how best to support the at-risk individuals following a death by suicide is being embedded in these processes.
- 39 The Regional ICP has recently endorsed the SOP for the RTDS as an example of best practice for Suicide Prevention and have recommended its process be adopted by the north east region.

- 40 A suicide audit of HM Coroner's files relating to deaths by suicide and undetermined injury currently being undertaken. The Audit findings underpin the continued work of the Suicide Prevention Alliance and provide the evidence base for local need, key trends, high risk locations.
- 41 The identification of local areas requiring bespoke signage for suicide prevention has been undertaken. Three sites in County Durham received refreshed Samaritan signage in February 2019.
- 42 Working with Spatial Planning and Environmental Services to conduct a feasibility study for further developments of a potential high-risk site, completed during the summer 2019.
- 43 The initiation of a multi-agency task and finish group by the Suicide Prevention Coordinator has enabled the British Transport Police, Network Rail, LNER, TransPennine Express, Northern Rail, the Samaritans, a local AAP representative and TEWV to work together to keep people in mental health distress safe from harm at County Durham stations and railways.
- 44 The Suicide Prevention Coordinator has also established links with media colleagues to provide guidance for sensitive reporting on suicide in order to reduce suicidal behaviour in high risk groups. The Samaritans media guidance has been shared with many local media outlets reflecting their use by all national press organisations.
- 45 Building relationships and liaising with those commissioned to provide support for issues impacting on mental health and wellbeing, including local GP's, TEWV, If U Care Share, Welfare Rights, Relate, Cruse, AAP's, Voluntary and Community sector has also been achieved.
- 46 Any unexpected death of a child triggers a Rapid Response meeting to determine how to support the immediate family and understand the circumstances of the death. The Suicide Prevention Coordinator is the point of reference for bereavement support dissemination for this process on request.
- 47 The Suicide Prevention Coordinator has also been significant contributor to the delivery of Durham, Darlington, Tees, Hambleton, Richmond and Whitby (DDTHRW) ICS, Wave 1 funding management. In County Durham this has meant working with the Time to Change Hub to initiate small grants to reduce stigma and discrimination in local communities. This work has also required liaison with the national, regional and ICS Suicide Prevention leads and the County Durham Mental Health Strategic Partnership.

- 48 Further detail of the recommendations made in the Adults Wellbeing and Health Overview and Scrutiny (AWHOSC) review of Suicide Rates and Mental Health and Wellbeing in County Durham, undertaken in October 2018 can be found in Appendix three of the report.

### **Crisis Care Concordat**

- 49 The crisis care concordat has been successful in securing funding through the national NHS crisis and liaison programme.
- 50 The focus for the initiatives developed for the bid was to develop alternatives to crisis services including the provision of a Mental Health 111 option and further develop community home treatment.
- 51 The proposal will provide Crisis and Home treatment response for older Adults with an organic presentation as well a more comprehensive response to older adults with complexity and functional needs. The current provision whilst delivering a response for older adults with a functional presentation has limitations regarding those who have multi-morbidity of both physical and mental health conditions and problems related to being at a later point in life . These are often of a different nature and require a different approach to treatment and will be included in the service model.

Specific functions within the service would include;

- (a) Admission avoidance and Post Discharge support for patients in Acute Hospital provision
  - (b) A gatekeeping function to Older Adults Mental Health Beds and an alternative option with Home Treatment support
  - (c) Positive Behavioural Support planning with Care Homes for patients with challenging behaviours to support management this would include initiation of plans on discharge from inpatient care to a Care Home
  - (d) 24 hour Crisis response and Assessment
  - (e) Home Treatment provision to accelerate discharge from Mental Health beds and support alternatives to 24 hour care.
  - (f) Support to management of patients in intermediate care beds
- 52 Work has been ongoing over the last 12 months to develop a system wide response to managing people that present across all service areas i.e. Police, Health, Social care. The work aims to support individuals who are, and services who encounter, high intensity users, in order to offer greater support and create reductions on services:-

- (a) Currently the project is still managing with existing resources with no dedicated staffing - however a member of the TEWV crisis service establishment provides some coordination of the system response into HIUs.
- (b) Referrals via TEWV, Police, voluntary sector, local authority, CDDFT and some voluntary sector providers.
- (c) We are aware that a small number of individuals create the greatest demand (s136 21 individuals create 33% of demand) – this work would further map demand and where reductions can be made.
- (d) Other schemes of work exist such as Positive Lives supporting HIU individuals.

53 The work aims to support existing services to expand their offer and grow offering places of safety, mainly for none medical mental health crisis

- (a) Various services are available in Durham and Darlington but don't fully act as "safe havens" – for example a range of day time drop-in services exist. These aren't effectively mapped.
- (b) No agreed referral or pathway into these services is in place – self referral or sign posting only.
- (c) We have evidence from engagement events undertaken in June 2018 and a workshop in December 2018 that access to a safe space/haven is a need identified by a range of stakeholders including service users

54 TEWV has a strategic priority to implement Trauma informed approaches; an element of the work has commenced with the Durham & Darlington crisis service by an internationally recognised USA based, Trauma informed expert by experience that has produced a report with recommendations to improve Trauma informed approaches within the crisis service

### **Resilient Communities**

55 The Resilient Communities Group (RCG) is now well-established and brings together a broad cross-section of representatives from VCS and public-sector organisations. With a focus on the improvement of mental wellbeing and resilience in our communities, it has a key role in developing and progressing the County Durham Approach to Wellbeing. As well as monitoring the work of its members around key campaigns such as World Mental Health Day and Time to Talk Day, the RCG has several key oversight functions.

56 In relation to reducing mental health stigma and discrimination, the County Durham Time to Change hub is represented at the group and

provides ongoing update regarding its work in this area. The County Durham Workforce Leads Group feeds into the RCG, and reports on workforce training and development – including the development of a County Durham model of best practice for workplace mental health training and support provision. Furthermore, the workforce group updates the RCG regarding regional engagement with the Time to Change Employer Pledge.

- 57 The current RCG action plan predominantly comprises objectives which have been inherited from the Mental Health at Scale task and finish group, and progress against these actions has been swift. RCG members are in the process of developing further actions to directly address how the work of the group can promote positive health messages with vulnerable groups and review support for those with severe and enduring mental illness whilst ensuring that communities are engaging in developing and delivering the work programme.
- 58 In addition to the oversight and action planning work the Group has received several informative update presentations including Connecting People and the Community MH Crisis Care Transformation Funding. Right Care Right Place and Mental Health contracting for Wellbeing Outcomes are scheduled for the next meeting in January and in March the RCG will be able to contribute to the potential development of a Supported Employment Service for people with disabilities.

### **Mental Health at Scale – LGA Programme**

- 59 Mental health at scale is a Local Government Association (LGA) pilot programme. The project has evolved based on partnership shared learning and reframed its goal as: “Tackling stigma and discrimination with a focus on young people, workforce and the community in order to build more resilient communities and reduce death by suicide.”
- 60 As the mental health at scale agenda develops, there are a number of initiatives and approaches underway which are seeking to promote good mental health across a variety of settings. Partnership support is required in order to develop a shared understanding and approach across County Durham.
- 61 The final Mental Health at Scale task and finish group sat in August 2019. Outstanding actions have now transitioned into various workstreams of the Mental Health Strategic Partnership Board – predominantly the CYP Mental Health Emotional Wellbeing and Resilience group and the Resilient Communities group. The full end of programme report including the outstanding handover action plan can be found in Appendix Two.

## **Monitoring Progress**

- 62 Durham County Council commissioning service has developed a robust performance framework on behalf of the MHSPB to monitor and report progress on implementing the Strategic Plan. Quarterly highlight reports are prepared and progress is monitored through both longer term national outcome indicators and short term output indicators derived from the interventions and programme of work that are currently in place to take these objectives forward.

## **Conclusion**

- 63 There has been a significant amount of work undertaken by the workstreams of the MHSPB.
- 64 We will continue to work to develop aspirational ambitions that all stakeholders are signed up to beyond 2020

## **Background papers**

- None

## **Other useful documents**

- None

## **Author**

Mike Brierley      Tel: 01325 621422

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## **Appendix 1: Implications**

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### **Legal Implications**

None

### **Finance**

The ACTIV fund is supporting the delivery of the various elements of the MHAS project.

### **Consultation**

Workforce leads and wider partners are engaged in this project.

### **Equality and Diversity / Public Sector Equality Duty**

Public health actively seeks to address health inequalities.

### **Climate Change**

No implications

### **Human Rights**

Not impacted by current activity.

### **Crime and Disorder**

Improved mental health may impact upon crime and disorder.

### **Staffing**

Currently delivered through existing resource across those agencies represented at the MHSPB

### **Accommodation**

Not required.

### **Risk**

Culture change around mental health may be a long term commitment.

### **Procurement**

Should additional capacity or specialist services be identified, these will be procured accordingly.

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## **Appendix 2: Mental Health at Scale Update**

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Attached as separate document

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**Appendix 3: Update report – Review of Suicide Rates and Mental Health and Wellbeing in County Durham**

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Attached as separate document